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DR. FULLER'S PRIZE DISSERTATION ON SCARLATINA ANGINOSA.

(Continued from page 186.)

SYMPOMS.—In the first stage of the inflammatory form of scarlet fever, the patient is often attacked suddenly, whilst in ordinary health, with slight chills or rigors, paleness of the face, lassitude, weakness of the pulse, restlessness, pain of the head, oppression at the *præcordia*, nausea and vomiting. The tongue is loaded with a whitish, or, in some instances, with a yellow fur, with raised papillæ which are intensely red, as are also the tip and edges of the tongue. Hoarseness and soreness of the throat are sometimes among the first symptoms complained of. On early inspection, the throat will appear inflamed, without much swelling, and the tonsils either spotted with ulcerations or covered with ash-colored spots. The ulcerations often exhibit the appearance of small ulcerated excavations in the substance of the glands, but if left to themselves they unite and form deep sloughs. The hoarseness, cough and difficult breathing, indicate an extension of the inflammation to the mucous membrane of the larynx and bronchia. These symptoms, accompanied with more or less fever, may continue from one to three or four days, when the first is succeeded by the second stage, and a universal excitement takes place, which is generally followed, in the course of twenty-four to forty-eight hours, with a scarlet eruption, first on the face and chest, and then gradually passing downwards, in the course of twenty-four hours covers the whole body and extremities. In the mildest cases the rash is the first symptom. From the preternatural flow of blood to the skin, it becomes morbidly sensible to the touch, rough, dry, and hotter than in any other fever of our climate—the fever is of a highly inflammatory character—the face is flushed and rather fuller than natural, and the lips of a more vivid color. During this stage the pulse is increased in strength and velocity, being from 100 to 120 in a minute. The functions of the stomach are impaired, and the dejections are of a dark-green color. The fever suffers a slight remission in the morning, but afterwards gradually increases through the day, reaching its highest point at nine or ten o'clock at night, when a slight delirium often comes on. The stage of excitement continues from five to seven or eight days, when it is followed by the third stage, or stage of collapse, in which the fever abates, the skin becomes soft and relaxed, and the pulse slower and softer. About the time the excitement declines, the

eruption begins to fade, and in two or three days it has entirely disappeared, and is followed by a desquamation of the cuticle.

The above is the usual course of the simple inflammatory scarlet fever, though some of the milder cases may terminate in a shorter time. But in cases accompanied with a more violent form of inflammatory fever, all the symptoms become much aggravated, there are greater degrees of chilliness, restlessness and headache, greater oppression at the precordia, and loss of voluntary power, with nausea, retching and vomiting. The efflorescence comes out within the first three days from the commencement of the excitement. The neck is stiff, and the throat is much inflamed and swelled, which renders deglutition difficult. The tongue is more parched and dry, and thirst greater. The stools are morbidly bilious, the heat of the surface more elevated, and the evening exacerbations greater, inducing a more protracted delirium, in which the patient talks much to himself, especially if left in the dark. In these cases the fever declines on the seventh or eighth day, when the sloughs in the throat separate and the sores beneath rapidly heal.

Sometimes, however, dangerous symptoms arise in the progress of the disease, especially when it has been treated with stimulants. The sloughs grow fouler, and the discharge from them and the nostrils more acrid, and corrode the parts over which they pass, producing diarrhoea, tenesmus, and sometimes a fatal dysentery. Sometimes the whole internal throat and fauces become gangrenous, and the patient gradually sinks into an irrecoverable collapse.

In some other cases the danger proceeds from the brain, which has suffered severely during the stage of excitement, and the patient, at the end of the second week, dies comatose. But in other cases, where the brain has not suffered severely, symptoms of abdominal disease occur in the stage of excitement, which by degrees become most urgent, and at length are attended with vomiting, or eructations, fulness of the abdomen and general uneasiness. In the course of a week the pain disappears, whilst the pulse grows more rapid and feeble, respiration more anxious, accompanied with vomiting and cold sweats, when a general collapse soon terminates in death.

When the scarlatina is attended with a congestive fever, the patient is suddenly attacked, and complains of giddiness, a load and pain in the head—he is pale, faint and sick, and feels an extreme oppression at the pit of the stomach, with nausea, retching, vomiting, and an uneasiness in the region of the heart. Sometimes he sinks at once, borne down with the load of oppression, like persons worn out with fatigue and mental anxiety. The respiration is either slow and impeded, or quick and anxious—the countenance is both livid and pale, and often conveys to the observer the appearance of an inebriated or fatigued person. The mind, at first dejected, alarmed, confused, soon becomes oppressed with delirium or stupor, or indifference to surrounding objects, under which he sooner or later expires. The efflorescence, if it appears at all, is of a dark erysipelatous hue at first, or becomes so in the progress of the disease. It comes out imperfectly, or recedes soon after coming out. "A remarkable tumefaction of the fingers sometimes takes place, which

with the erysipelatous tinge, which they soon acquire, is of itself sufficient to characterize the disease."—*Gregory's Practice*, Vol. I., p. 241.

The surface of the body is cold, and death sometimes takes place before either reaction or the efflorescence make their appearance, and generally through the whole course the animal heat is much below the standard of health, unless a judicious treatment induce a reaction. The tongue, at first, is paler than natural, white in the middle, and covered with slimy saliva; but in the progress of the disease it becomes dry and rough, with a dark-colored strip in the middle, when the breath becomes extremely offensive. The bowels are costive and flatulent in the first stage, and loose in the last; the faeces are of a dark bilious hue. The stomach is extremely irritable from the commencement of the disease, and often rejects everything thrown into it; sometimes vomiting is one of the first symptoms, especially in children. Early in the disease the throat and tonsils become very much swelled and ulcerated, and deglutition more and more difficult as the disease advances. The ulcerations in the throat soon turn to a dark brown or blackish color, and a copper-colored inflammation pervades the mucous membrane of the mouth and fauces. The pulse is slow, small, rapid and irregular throughout the complaint. There is a great determination of blood to the head, which soon produces redness of the eyes, intolerance of light, watchfulness and delirium.

In this form of scarlet fever, the disease runs on to a fatal termination in the course of four or five days from the commencement of the prostration, and sometimes much sooner, and in the last stage there is often an oozing of blood from the nostrils and gums, also a dark-colored hemorrhage from the bladder and the bowels, and petechiae are spread over the surface of the body—symptoms which denote a dissolved and putrid state of the fluids. To these symptoms a profound stupor succeeds. The feet and hands grow colder, the face assumes a livid cadaverous color, the collapse increases, and the general powers of life fail, when either vomiting, suffocation or convulsions close the scene.

The throat affection is one of the most distressing circumstances attending the disease, yet it is rarely the cause of death. The lesions most to be dreaded in this form of the complaint, are the venous congestions of the liver, spleen, bowels, lungs and brain, or the great veins near the heart; for if these congestions are not timely removed, they produce visceral disorganization and a fatal collapse.

Some physicians consider this form of scarlet fever as highly putrid from the very commencement. "Yet," says Dr. Armstrong, "if accurately attended to from the first attack, it will be found that the signs of putridity or malignancy do not constitute a primary and essential part of this form, but are purely the consequence of excessive congestions; for if we can remove the congestions in the beginning, we most certainly prevent the occurrence of putrid or malignant symptoms. It is only from a cautious and repeated survey of febrile diseases, from their onset to their termination, that their real nature can be known; and opinions principally deduced from the phenomena of the advanced stages, are as erroneous in theory, as they are dangerous in practice. The whole result of my experience in febrile diseases, has fully con-

vinced me, that whenever there are appearances of malignancy in the last stages, these appearances have always been wrought by visceral inflammations, or visceral congestions in the first stages. If this observation be more fully applicable to one febrile disease than another, it is the highly inflammatory and highly congestive varieties of scarlet fever. In the open forms of fever, when the heat and arterial reaction are universally developed, the danger is to be estimated by the general excitement, and the topical inflammation; whereas in the masked or congestive forms of fever, the danger is proportionate to the defect of the excitement, and to the extent of local accumulations of venous blood. Arterial excitement is an excess, and venous congestion a deficiency, of natural action."—*Armstrong on Scarlet Fever, page 17.*

Both the inflammatory and congestive forms of scarlet fever are sometimes followed by either rheumatism, hydrocephalus internus, hydro-thorax, h. pericardium or general dropsy. Sometimes the acrid discharges from the ulcers in the throat excite a fresh inflammation in the mucous membrane, which travels down into the larynx and to the ramifications of the bronchia, producing one of the most distressing forms of croup, which generally proves fatal in a short time.

Treatment.—According to the foregoing observations, the treatment of scarlatina will depend upon the accompanying fever, whether inflammatory or typhus; and it may be laid down as an axiom in the treatment of this and all other fevers, that the rudiments of danger are established in the first stage of the disease, during the cold chills, or period of oppression, and that the excitement in the hot stage is in proportion to the coldness and oppression in the first. Consequently it follows, that if we can alleviate the symptoms of the first, we shall prevent the excitement of the second, stage, and generally insure a favorable termination of the disease. This may be called theory, and so let it be; yet it is theory tested by experience. For a confirmation of these views, see Dr. Mackintosh on the treatment of intermittent fever, who by bleeding in the cold stage prevents congestions, and the reaction which nature excites to restore the balance of the circulation, and cures the disease at its very commencement.

"The eruptive fever of acute cutaneous phlegmasia being the signal of an inflammation of the viscera, precursory to that of the skin, local bleeding, performed as near as possible to the principal seat of the internal inflammation, facilitates the appearance of the eruption, and diminishes the danger."—*Broussais's Pathology, page 518.*

Early in our professional career we followed the practice so constantly and so fatally recommended by almost all writers of the last half century, who considered scarlatina to be a putrid disease, requiring the employment of bark, wine and other cordials, for its cure. Hence emetics, cathartics, antimonials, bleeding, and affusion of cold water, were prohibited, and the patient was left to struggle through the first stage either without the employment of remedies, or stimulants were used, which increased the gastro-enterite, assisted the formation of congestions, and added fuel to the destructive fire of the second stage, which hurried on the malig-

nant symptoms so much dreaded by the physician, and the almost constantly fatal termination of the disease. In fact, the stimulants produced the fatal symptoms they were given to prevent.

It cannot be denied that some persons recover under the employment of stimulants; but whether it should be regarded as the result of the remedies employed, or a fortunate escape from both the disease and the stimulants, every candid inquirer may decide. Perhaps in some years, when all the fevers in the country assume a typhous type, and in some particular malarious locations, where the prevailing fevers are intermittent, and the scarlatina takes on the intermittent form of these fevers, the bark or some of its preparations may prove a sovereign remedy in the scarlet fever, especially after the bowels are sufficiently evacuated by the use of calomel. Also some other stimulants, such as ammonia, capsicum, black pepper, wine and other cordials, may in such cases remove the torpor of the stomach and internal viscera, and by increasing the *vis a tergo*, equalize the circulation, and remove or prevent congestions. But, generally speaking, ten times as many will recover under the antiphlogistic treatment, as under the stimulant; and we verily believe, if the disease has slain its "*thousands*," the stimulant practice has slain its "*ten thousands*."

Want of success by the stimulant method of practice first led us to doubt of the correctness of the pathology of writers on scarlatina, and therefore our reflections led us to treat the scarlet like any other fever of the same general symptoms, without regard to the name of the disease or the attending eruption, further than its appearance indicated the attending fever to be either inflammatory or congestive typhus; and since treating the disease according to the general pathology we have endeavored to establish, the result has been that very few have died of the disease. And we may further add, that during the continuance of the epidemic scarlatina for the last seven years, in this city and vicinity, out of many hundreds we have attended, four only have died, and these four, out of the whole number, were all that took bark, wine and other stimulants—this treatment being strongly advised by several neighboring physicians in consultation.

Perhaps there are few or no diseases which more urgently call for the early use of remedies, in order to conduct the patient safely through it, than scarlatina. Parents should therefore be particularly watchful when the disease prevails epidemically, and immediately procure medical aid. In this disease the inflammatory symptoms are very formidable, and the fever intense beyond that of almost any other disease. Hence the question occurs, is the disease to be treated like other inflammatory affections? We have already given our opinion on the subject, and shall confirm it by further observations hereafter; but, by the bye, it may be regarded as a general rule, that all inflammatory fevers originating from the irritation of contagious diseases, will not bear a repetition of bleeding, like phlegmasie from other causes.

After premising the above general observations, we proceed, first, to notice the separate articles of the *materia medica* which are now found

the most effectual in the treatment of scarlet fever, and shall then apply them to the different forms of the disease.

Emetics.—If we are correct in our pathology of scarlatina, the mucous membranes of the fauces, stomach and bowels, are in a state of inflammation; consequently tartarized antimony, so constantly recommended in this fever by most writers, must increase the inflammation and prove highly injurious to the patient; and, according to our experience, its employment in this and all fevers attended with gastro-enteritis, has been followed with pernicious consequences. And whoever will take into consideration the irritating effect of tartar emetic when applied to the surface of the body, must be convinced that it would prove tenfold greater when applied to the mucous membranes of the stomach and bowels. Therefore tartarized antimony, either as an emetic or in nauseating doses, should not be employed in the treatment of scarlatina.

However, emetics are often productive of much good, and afford relief by removing crudities from the stomach, by exciting a flow of saliva from the glands of the fauces, by emulgizing the biliary ducts, and by exciting a healthy action of the secerning system generally; and as ipecac is free from the objections urged against the employment of antimonial emetics, it may be used when emetics are indicated. But we have found it much more efficacious when combined with calomel, as recommended by Dr. Rush: R. Ipecac. 30 gr.; calomel, 15 gr.; divide to three parts, and give one every fifteen minutes until it operates as an emetic; and if that effect is not followed by dejections in the course of one or two hours, the calomel, in the dose of four or five grains for an adult, should be given every hour until the bowels are thoroughly emptied of their contents.

But where there is conclusive evidence of an intense gastritis being present, emetics, even of the mildest kind, should be avoided, for they will, under such circumstances, uniformly prove injurious. And we repeat, that gastric inflammation, both in this and in other fevers, is often fatally increased by employing tartarized antimony as a febrifuge; and although in proper cases, judiciously applied, as in the treatment of pneumonia and some other inflammatory fevers, it is one of our most potent remedies, yet in some kinds of typhus, and other gastric fevers, its use increases the danger of the disease. When given in large doses, as the Italians direct for the cure of inflammation of the lungs, it appears to act directly upon the mucous membranes of the stomach and bowels, inducing an inflammation in these organs, which, like other counter-irritants, removes the seat of irritation from the membranes of the lungs to those of the bowels.

The pulvis antimonialis, another preparation of antimony, is free from the objections made against the tartarized antimony, and therefore it may be employed as a febrifuge in the treatment of scarlatina. The dose is from one to eight grains every four hours, according to the age and the other circumstances of the patient. Its febrifuge properties are much increased when given in combination with from one to four grains

of calomel, according to the state of the bowels; also combined with four or five grains of camphorated nitre in each dose.

The wine of antimony, combined with the spirits of nitre dulcis, in equal parts, is a very convenient form of medicine for small infants, and in all those cases where the powder cannot be taken, in consequence of the ulcerations and tumid state of the throat, which render deglutition difficult. Sometimes the wine of ipecac and spirit of nitre, in equal parts, is to be preferred to the wine of antimony.

(To be continued.)

PHRENOLOGY. DRS. SEWALL AND CALDWELL.

"Phrenology teaches us forbearance."—CONSE.

To the Editor of the Boston Medical and Surgical Journal.

Sir.—In the Boston Medical and Surgical Journal of the 26th of September, you take some notice of Dr. Charles Caldwell's work which has recently emanated from the press at New York, bearing the title of "Phrenology Vindicated and Anti-phrenology Unmasked," and you remark truly that the whole pith and bearing of this production is to prefer charges against Dr. Sewall, of Washington City, on account of his "Examination of Phrenology, in two Lectures," a work which has also been recently published. In the notice contained in your Journal, Dr. Sewall seems called upon to vindicate himself against these charges. But the attack of Dr. Caldwell is so personal, vindictive, unauthorized and unprovoked, that we presume Dr. Sewall will not feel himself justified in taking any notice of his work. We deem it proper, however, that the charge of plagiarism, which forms one of the main grounds of Dr. Caldwell's attack, should be duly examined, and the foundation upon which it rests, fully exposed; for it seems scarcely credible that any man, however low his character may have fallen in public estimation, and however depraved his sense of the principles of truth and honor, would prefer such a charge, unless there were some grounds to sustain it, its falsity being so easily detected. This must be our apology for noticing a production so destitute of truth, and in other respects so unworthy of consideration, as that of Dr. Caldwell.

And what is plagiarism? "Plagiarism," says Noah Webster, "is the act of purloining another man's literary works, or introducing passages from another man's writings, *and putting them off as one's own; literary theft.*"

Let us see how far Dr. Sewall is guilty of this crime.

Dr. Sewall's work consists of two lectures. In the first he professes to give a sketch of the history of phrenology, and a brief exposition of its doctrines. In his second lecture he attempts to refute those doctrines, and to prove that they are irreconcilable with the structure and organization of the brain, the cranium, and other parts concerned.

In tracing the history of phrenology, and in presenting a view of its doctrines, it is true that Dr. Sewall draws his materials from several of the standard authors upon that subject, and among others, from Dr. Caldwell's

"*Elements of Phrenology.*" But for what purpose, we would ask, does he extract from these works? "To put them off as his own?" Most assuredly not. He disclaims them by expressly declaring them to be the *doctrines of phrenology*, doctrines which he does not believe, and which he only states for the purpose of refutation. Is this plagiarism? Is it credible that any man of intelligence could be so lost to all sense of justice and of truth, so regardless of his own reputation and honor, and so misled by the spirit of personal revenge, as to make the assertion?

The object of Dr. Sewall in presenting the subject to his class in the manner he has done in his first lecture, is most obviously to give a condensed view of the history and doctrines of phrenology, and to do this, too, in the spirit and language of its authors, as nearly as conciseness and perspicuity would admit. Instead, therefore, of only two or three pages, which Dr. Caldwell accuses him of purloining, the whole of his first lecture, consisting of thirty-four pages, is taken in substance from the writers on phrenology. Such was evidently Dr. Sewall's intention, and such will every one understand it to have been, who reads his book. And although he does not use the quotation points, yet his intention is so obvious, and his declaration upon the subject so open and unequivocal, it is amazing that Dr. Caldwell, or any one else, should accuse him of plagiarism. The charge we pronounce to be groundless and absurd, and such will be the verdict of every honest intelligent man. Besides, in order to comprise even the leading principles of phrenology, in a single lecture, it was necessary that the author should condense most of the statements, which he takes from the original writers upon the subject, and consequently he could not use the marks of quotation; but in omitting these he has acted in strict conformity to the established usage among literary men, not excepting Dr. Caldwell himself. And should we hereafter take occasion to look through some of the numerous productions of this writer, compare them with the works from which he has selected his materials, and mark the passages, paragraphs and pages, he has taken from them, without quotation, we hope he will receive the rebuke with christian humility.

From what source, we would inquire, did Dr. Caldwell derive the materials for his "*Elements of Phrenology*," or does he propose to present himself to the public, as the originator of the phrenological doctrines? If not, he must have derived them from some source not his own, and whoever will take the pains to examine his "*Elements*" carefully, and compare them with the works of Gall and Spurzheim upon the same subject, will be at no loss to conjecture the source from whence his materials were drawn. If Dr. Caldwell, in composing his "*Elements of Phrenology*," has made free use of the writings of his predecessors, and has extracted from them the very things which he accuses Dr. Sewall of taking from his "*Elements*," is he therefore to be branded as a plagiarist? We leave Dr. Caldwell himself to give the answer. And whatever the answer may be, for ourselves we most willingly pardon the Dr. for the freedom he has taken with the works of Gall and Spurzheim; not exactly on the score of his charity to others, but because by this freedom he has been enabled to give us his "*Elements of*

Phrenology," which we esteem as one of the best little compilations upon the subject which has been produced. Dr. Caldwell's object in the composition of this work evidently was to give a concise view of the principles of phrenology. This object he has most admirably accomplished. It should be remembered, too, that Dr. Sewall's object in the composition of his first lecture, also was to give a concise view of the doctrines of phrenology. The object thus far, therefore, of Dr. Caldwell and Dr. Sewall was the same, and their works were composed on the same principles, viz., by selecting their materials from the standard writers upon the subject. But we admit that there is this difference between the two authors. Dr. Sewall embodies the principles of phrenology, for the purpose of refuting them, and of exposing their absurdity. Dr. Caldwell embodies them and "*puts them off as his own.*" We leave it for the public to decide which of the two, Dr. Caldwell or Dr. Sewall, is the more exposed to the charge of plagiarism.

In Dr. Sewall's second lecture, which contains his arguments against phrenology, no one, not even Dr. Caldwell, pretends that he has committed plagiarism.

And here we might ask, what could Dr. Caldwell suppose was the object of this second lecture of Dr. Sewall? Was it to establish the propositions of the first lecture, or to refute them? Dr. Sewall says, in the opening of his second lecture, "Having in my first lecture exhibited to you the leading doctrines of phrenology, and explained the principles upon which it is founded, my object in this lecture will be to show how far the science is reconcilable with the anatomical structure and organization of the brain, the cranium, and other parts concerned." He then brings all his battery to bear against them, and endeavors to expose their absurdity and falsity. Does this look like plagiarism? What, attempt to destroy the validity of those doctrines which Dr. Caldwell says he purloined to put off as his own!!! Did any one ever hear of an author committing plagiarism and then attempting to prove the absurdity of the very things which he had purloined? Had Dr. Caldwell discovered the inconsistency of his accusation, or imagined that others would discover it, he probably would have been silent upon the subject of plagiarism.

As to the charges of *falsehood, deception, malice, misrepresentation, fabrication, ignorance, stupidity, stratagem, mendacity, truckling, literary garbling, perverted quotation, interpolation, intrigue, effrontery, artifice, jugglery, hypocrisy, &c. &c.*, which Dr. Caldwell prefers against Dr. Sewall, we need make no reply. They could proceed only from a malignant and revengeful heart, a low, vulgar and depraved taste, and from one who is conscious of having forfeited all claim to the respect of a moral and virtuous community. From such charges Dr. Sewall's character, and the character of his work, need no vindication from our pen. His lectures themselves furnish the best refutation of such calumnious epithets, as well as a powerful antidote to one of the prevailing follies of the age; and we only hope that they will soon be republished and extensively circulated and read; and we are quite will-

ing that Dr. Caldwell's "*Phrenology Vindicated*" should go along with them.

It is one of the distinguished merits which have been ascribed to Dr. Sewall's work, that he makes the phrenologists state their own doctrines, give their own definitions, speak their own language and tell their own story. And for the fair and impartial manner in which he has exhibited their principles and urged his arguments against them, he has received the commendations not only of the anti-phrenologists, but of phrenologists themselves, both in Europe and in this country, as we shall see by the following extracts which have been taken from the reviews of England and the United States.

From the London Literary Gazette of August 12, 1837.—The title page informs us that this volume (Dr. Sewall's *Examination of Phrenology*) was published by request, and we do not wonder at it, for it contains one of the ablest anatomical expositions of the gratuitous assumptions of phrenology which have appeared either in America or England.

England. Dr. Sewall takes up the question like a man intimately acquainted with the structure and physiology of the human frame, and he demonstrates, with the greatest clearness and precision, the leading absurdities of the hypothesis, maintained by the disciples of this German school. He does not meddle with their metaphysical or moral and religious doctrines, but contents himself with demolishing their theory as founded on the size, shape and consistency of the brain, and the form of the bony casing in which it is lodged. In his first lecture, he gives a good retrospective summary of its history, and we have only to apologize for having made selections from it instead of touching upon all the grounds he has laid down. * * * We consider the reasoning of Dr. Sewall to be unanswerable. * * * The lectures contain much sound advice, which we rejoice to circulate through our columns. They do credit to the Columbian College, within whose walls they were propounded.

From the London Monthly Review of September, 1837.—Ridicule has done much to throw the theory (of phrenology) into disrepute, and argument not less. Of the latter sort of these hostile weapons, the present lectures furnish an effective specimen, for with a calmness and candor which cannot be surpassed, and a mastery of knowledge as well as of ratiocination, that is irresistible, Dr. Sewall disposes of the subject, and shows that phrenology has withdrawn the attention of many sanguine and ingenious minds from far nobler and more profitable pursuits.

• * * * * In his second lecture our author pursues his subject by endeavoring to show how far the science is reconcilable with the anatomical structure and organization of the brain, the cranium, and other parts concerned; and here it is that his effort is particularly successful and cogent. * * * * *

We have now, besides giving a sketch of the early history of phrenology, which to few of our readers can be more than the means of refreshing their memories, presented some passages from Dr. Sewall's examination of its claims, in which examination some new views have

been suggested and pursued in a manner which we think will give a severe blow to the theory.

From the Medico-Chirurgical Review and Journal, edited by James Johnson, Physician Extraordinary to the late King, and Henry James Johnson, Esq., of April, 1837.—Dr. Sewall is evidently a well-informed man, and, as evidently, a well-intentioned man. He examines phrenology with no malice prepense, with no spirit of dogmatism, with no wish to bully. If he disputes the conclusions with the phrenologists, he does so after arguing the question with them, and the grounds of his dissent, as well as the process of reasoning which leads to it, are openly exposed.

From the North American Review of October, 1837.—The descriptions (of phrenology), though necessarily brief, are clear and intelligible, and, so far as we can perceive, fair and impartial. No indication appears in this (the first) lecture, that the author has any other object in view than to teach phrenology to his class, as it would be taught by a confident believer in its doctrines. * * * * * Some other considerations follow, and the lecture concludes with an eloquent appeal to the young men to whom it was addressed, to seek out and follow such objects of pursuit as shall lead to useful practical results, rather than to be captivated by fascinating speculations. * * * * *

To those, however, who feel a stronger interest in the question, and especially to those who would see how the matter-of-fact teachings of anatomy bear upon it, we would commend Dr. Sewall's lectures. He has discussed the subject with ability, and even those who are not convinced by his arguments (and it is not to be supposed that those who are already adherents of the doctrine will be), will acknowledge that he has treated the subject with fairness, and its advocates with courtesy.

From the American Journal of Medical Sciences of August, 1837.—This (Dr. Sewall's) is the most dispassionate examination of the phrenological doctrines, and the strongest array of argument against its validity, that we have met with. The first lecture comprises a sketch of the origin and progress of phrenology, with an exposition of its leading doctrines and of the principles upon which it is founded. In the second lecture the question is examined of how far the science is reconcilable with the anatomical structure and organization of the brain, the cranium, and other parts concerned. The subject is treated in a very plain and lucid manner, so as to be perfectly intelligible to general readers, and is, moreover, illustrated by some well-executed and interesting plates. The learning and high standing of the author entitle his views to a respectful and attentive consideration.

In the foregoing extracts we have presented such passages only as bear more particularly on the charges of Dr. Caldwell. We could, if it were necessary, present numerous other notices from the literary journals, not less commendatory than those we have given. * * W.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 31, 1838.

NATIONAL SCIENTIFIC ASSOCIATION.

WHEN the proposition was made, in February last, to the Massachusetts Medical Society, to open a correspondence with other similar bodies, upon the expediency of organizing a national association for the advancement of the physical sciences, there were gentlemen who expressed an opinion that the movement was premature ; and, further, it was maintained, that no very marked discoveries or brilliant achievements had resulted from such combinations of the learned in other countries. On the other hand, all important and really striking and meritorious advances in science, literature and the arts, were made, it was contended, in the quiet of the closet, by those who hardly identified themselves with the busy world. In fine, nothing of importance to the promotion of science, thus far, had emanated from these modern much-talked-of compacts of the old world.

With a variety of theories and individual presentiments, none of which, by others, were considered of much consequence, it is sufficient to say that the project was rather coldly received, and ultimately quashed in embryo by the committee to whom the matter was referred for consideration. Now it is morally certain that by a little exertion, a successful plan of operation might, by this time, have been devised, and a vigorous co-operation manifested in every State in the Union.

The idea that we were too young, as a people, for such a vast undertaking, was preposterous in the extreme. Whoever reflects upon the character of the present age, the spirit that animates all ranks of inhabitants, the impulse given the nation by transatlantic influences, in all departments of life, cannot resist the conviction that the same system of perseverance which distinguishes the efforts of civilized man in Europe, will and must be felt in America. With a vast territory, the resources of which are almost incalculable, a consolidation of interests in science, of all the available forces, from the college to the cottage, can alone develop the geological and physical constitution, capabilities and concealed wonders of this great portion of the habitable globe.

As predicted, another effort is making to rally the learned of the United States around one common centre—to unite in an enterprise which must gratify every friend of science ; and of its final success, there is scarcely a remaining doubt, notwithstanding the objections which have heretofore been urged against a scheme so praiseworthy and meritorious. A meeting was held at the hall of the American Academy, in this city, a short time since, at which Governor Everett presided, to discuss the propriety of the measure, and a committee was appointed to consult with the Philosophical Society of Philadelphia ; and thus the lines are laid, which we fervently hope will speedily eventuate in the establishment of a national association for the promotion of the physical sciences—founded in motives as noble and acceptable to the world as were those which originated the association now existing in England, the organization of which constitutes a new era in the history of that nation.

It is to be deplored that our Medical Society did not secure to itself, when the opportunity presented, the honor of having carried into effect this excellent proposition, which might have been done with most perfect ease, and consistently, too, with its character of a scientific body. For it is evident that practical and enlightened physicians, in all countries, are among the most zealous cultivators of learning and science; and we noticed, upon the occasion alluded to, that of the twenty-seven individuals present, thirteen were members of the Massachusetts Medical Society.

Nothing will be more pleasant to us than to chronicle the subsequent success of this incipient institution, or give us more unfeigned satisfaction than its triumphant success in the sphere it proposes for its action.

Sandwich Islands.—We deem ourselves fortunate in having secured for a correspondent, in the Island of Oahu, Dr. Robert W. Wood, late of Orono, Me., who has gone to establish himself in the practice of medicine and surgery in that distant but delightful section of the globe. Very little is known of the medical topography of that interesting group of islands, notwithstanding the constant intercourse which is kept up with them through the whale ships, &c., they being considered by mariners as the half-way house between South America and China. One fact, if no other, requires investigation—why a syphilitic taint, spread through the native population, probably introduced by the sailors on the first visit of Captain Cook, has not been eradicated. If there is any modification of climate essentially different from that of Europe or America, which prevents medicines from producing the same constitutional influences known to be effected by a particular class of remedies in other countries, Dr. Wood will do great service to the profession by ascertaining the fact. Medicinal plants are represented to abound, at those islands, and yet their medical botany is an almost unexplored field. Amongst other inquiries, Dr. Wood, it is hoped, will not forget to delineate the character of the diseases usually predominant there, as well as the mode of treatment pursued in their subjugation. That the natives are rapidly diminishing in numbers, so that the entire race will probably wholly disappear in the course of half a century, seems to be generally admitted by those most conversant with the statistics of the South Sea people. It would be gratifying, therefore, to have the opinions of a scientific man upon the causes which threaten this result. If the introduction of European customs, European vices or diseases, or the oppression of the native government, a rude despotism, under a new system of dietetics, copied from those on whom they have looked from the beginning as a superior order of beings, be among the causes, we should like to know it. There is hardly a topic on which Dr. Wood may not throw new light, and put us in the possession of facts alike serviceable to the philanthropist, the naturalist, the philosopher and the physician.

Purulent Ophthalmia in Egypt.—Edmonston—on the contagious nature of ophthalmia—cites the following as among the exciting causes of the disease in that country: the burning heat of the sun, the night dews, the sandy soil and the scorching dry winds, loaded with dust or nitre. He has also an idea that by *hereditary predisposition*, it is deeply engrafted in the constitution of the inhabitants before their birth! He has

likewise made the discovery that the sphere of contagion (query, infection?) operating through the medium of the atmosphere, does not exceed the space of a foot. We, however, are of opinion, that in this disease the sphere of contagion, operating through the medium of the patient's fingers, or of towels used in common, extends to the length of a man's arm, be it longer or shorter, as the case may be.

Wound of the Brain.—A case is related in the London *Lancet*, which shows the wonderful tenacity of life after severe injuries of the brain. A boy, 14 years of age, fired off a pistol loaded with ball. The pistol burst, the ball passing through the gate at which it was fired, and the breech entering the head, directly over and within three lines of the left superciliary ridge, part of the cerebrum being scattered on the ground. On the arrival of the surgeon, no foreign body could be detected by a probe, and the patient was kept perfectly still, with saturnine applications to his forehead. The next day he lay perfectly quiet, but sleepy, and said he felt *no pain*. The applications were continued, with an aperient. The second day feverish; put out his tongue when asked, but answered no questions. Cold poultices of lead-wash and bread to the wound, and a fever mixture ordered. The third day he made a correct remark respecting his food; feverish symptoms relieved. In a few days the wound threw off coagulum, discharged pus, and appeared rapidly healing; strength returning. When asked where he felt pain, he put his hand to the *back of his head*. This state continued till the 22d day, when he suddenly sank, the next day was comatose, and died on the 24th day after the accident. Post-mortem examination showed the wound of the brain had *perfectly healed*. On reaching the ventricles traces of a foreign body were found; a little further there was much disorganization from the formation of pus, and the breech of the pistol was found resting against the occipital bone and over the tentorium. This iron substance, weighing nine drachms, had passed directly through the substance of the brain; and yet the boy had lived twenty-four days, and Nature had made so great an effort to heal the injury, that complete recovery would probably have followed if the foreign body had received sufficient momentum to carry it through the occipital bone.

Boston Dispensary.—The following gentlemen have been elected officers of Boston Dispensary for the ensuing year:—

Managers.—Jonathan Phillips (*Chairman*), Samuel H. Walley, Isaac Winslow, Gideon F. Thayer, Samuel May, N. L. Frothingham, Pliny Cutler, Geo. H. Saelling, Jas. H. Foster, Uriel Crocker, J. F. Flagg, William Gray (*Secretary*), and Gideon Snow (*Treasurer*).

Consulting Physicians.—John Randall, M.D., and Solomon D. Townsend, M.D.

Visiting Physicians.—J. Moriarty, M.D., Wards 1 and 3, residence corner of Salem and Cross streets. T. W. Brewer, M.D., Ward 2. J. W. Gorham, M.D., Ward 4. J. H. Dix, M.D., Wards 5, 6 and 7, residence 1 Green street. S. Salisbury, M.D., Broad street District. W. J. Whitney, M.D., Fort Hill District, 90 Federal street. H. G. Wiley, M.D., Ward 10, residence Lagrange place. G. A. Bethune, M.D., Ward 11, residence 129 Tremont street. L. J. Glover, M.D., Ward 12, residence 2 Pleasant street. Benjamin Haskell, M.D., South Boston.

Apothecaries.—J. M. Smith & Co., 138 Washington street.

Harvard University.—An introductory discourse will be given by Dr. Warren at the Medical College, next Wednesday, it being the commencement of the annual course of medical lectures in this excellent institution. We hope the class will be seasonable in their attendance, from abroad, that they may receive the benefit of the first lecture, which will be every way worthy of their careful attention.

To CORRESPONDENTS.—Dr. Whitridge's case of dropsy, and No. 2 of the persons on diet, are crowded out of this number of the Journal.

Whole number of deaths in Boston for the week ending Oct. 27, 32. Males, 15—females, 17.
Of consumption, 6—old age, 1—dropsy, 1—pleurisy, 1—lung fever, 1—infantile, 3—scirrhus of the stomach, 1—cancer in the bowels, 1—sudden, 1—dropsy on the brain, 1—scarlet fever, 3—bronchitis, 1—typhous fever, 2—quinsy, 1—teething, 1—croup, 3—worms, 1—throat distemper, 1—stillborn, 2.

LECTURES ON THE DISEASES OF THE EYE.

Dr. JOHN JEFFRIES will deliver a course of Lectures on the Anatomy and Diseases of the Eye, at the Massachusetts Eye and Ear Infirmary, to commence the second week in November and continue during the course of medical instruction of Harvard College. The lectures will be illustrated by cases under attendance at the Infirmary.

No. 9 Franklin Street.

Boston, October 24, 1838.

Oct 31—31.

HARVARD UNIVERSITY—MEDICAL LECTURES.

These Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	Dr. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	Dr. CHANNING.
Materia Medica and Clinical Medicine, by	Dr. BIGELOW.
Principles of Surgery and Clinical Surgery, by	Dr. G. HAYWARD.
Chemistry, by	Dr. WADSWORTH.
Theory and Practice of Physic, by	Dr. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,

Dean of the Faculty of Medicine.

Boston, July 23, 1838.

Aug 1—tN

Dean of the Faculty of Medicine.

SCHOOL FOR MEDICAL INSTRUCTION.

These Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	Dr. BIGELOW.
On Anatomy and Surgery, by	Dr. REYNOLDS.
On Midwifery and Chemistry, by	Dr. SINGER.
On Physiology and Pathology, by	Dr. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STOKER,
OLIVER W. HOLMES.

PRIVATE MEDICAL INSTRUCTION.

These subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—epif

TO PHYSICIANS.

A PHYSICIAN residing about 15 miles from Boston, desirous of relinquishing practice, wishes to dispose of his estate. The land, about 14 acres, is well cultivated and stocked with trees, the buildings good, and the practice, having been in possession of the present occupant more than 30 years, a valuable one. With good security, the time of payment may suit the purchaser. Inquire at this office; if by mail, post-paid.

Oct. 17—84

ALBANY MEDICAL COLLEGE.

The public course of lectures in this Institution will commence on **WEDNESDAY, the 2d of January, 1839**, and continue sixteen weeks. The new and extensive College edifice, which has been completed during the past summer, is situated in a central position, and in architectural character, dimensions, and internal arrangement, is admirably adapted to the purposes of medical instruction. The museum of the institution occupies a room fifty feet square, two stories high, with a gallery, and glass cases above and below. It is furnished with an extensive and choice collection of specimens in healthy and morbid anatomy, together with casts, models, plates, and magnified drawings in great variety, and every kind of preparation necessary to illustrate the departments of Anatomy and Physiology, Surgery and Obstetrics. The other departments are provided with ample means for illustration, and with all the apparatus and materials necessary to render the course full, practical and complete. The Anatomical Theatre, which will be appropriated to all the demonstrative branches, is fifty feet square, with seats for 400 persons, arranged in a circular manner around the area for the lecturer, which is lighted by a large dome and sky-light immediately above it. The dissecting rooms, which are spacious and convenient, will be kept open during the term, under the immediate charge of the Professor of Anatomy, by whom every facility will be provided for the cultivation of practical anatomy and operative surgery.

The Chemical Laboratory and other apartments are large and commodious, and well adapted to the purposes for which they are designed. The course in Chemistry and Natural History will be illustrated by extensive and richly furnished collections in Mineralogy, Geology and Botany, and to some extent in Comparative Anatomy. In Materia Medica and Medical Jurisprudence, as well as in the other departments, it is designed to exhibit as many facts and illustrations as possible, and to render every subject, so far as is practicable, a demonstrative one.

There will be clinical instruction in Surgery and Practice every Saturday during the term, at the hospital connected with the Almshouse, where there will be opportunities of witnessing a great variety of cases and surgical operations. All operations on the poor will be performed gratuitously (if in the presence of the class) during the term.

Degrees will be conferred at the close of the term, and all the powers and privileges conferred by other medical institutions of the State, will be secured to the graduate. The requirements of candidates for graduation are the same as at other institutions.

The lectures in the different departments will be delivered as follows:

Principles and Practice of Surgery, by	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	DAVID M. EKES, M.D.
Chemistry and Natural History, by	EDWARD EMMONS, M.D.
Anatomy and Physiology, by	JAMES H. ARMSBY, M.D.
Obstetrics and Diseases of Women and Children, by	HENRY GREENE, M.D.
Materia Medica and Pharmacy, by	DAVID M. M'LACHLAIN, M.D.
Medical Jurisprudence, by	AMOS DEAN, Esq.

The price of tickets to all the lectures is \$65. Graduation fee, \$20. Matriculation fee, \$5. Dissemination fee, \$5. Graduates, licentiates, regular practitioners, and students who have attended two full courses of lectures at any incorporated institution, are required to pay only the matriculation fee.

The price of boarding and lodging varies from \$2.50 to \$3.00 per week.

Albany, 1838.

OCT 1st

J. H. ARMSBY, Dean of the Faculty.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGONS OF NEW YORK.

The Lectures in this Institution will commence on the first Monday in November, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology.

ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery. (Lectures at the New York Hospital.)

JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Professor of Chemistry and Botany.

JOHN R. RHINELANDER, M.D., Professor of Anatomy.

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

ROBERT WATTS, JR., M.D., Lecturer on Special Anatomy.

The expense of attending a course of Lectures by all the Professors, is \$108.

Attendance upon two complete courses of Lectures is necessary to entitle the student to present himself for graduation, one of which must have been attended at this College. He must also have studied medicine three years, and attained the age of twenty-one years.

Two opportunities in each year are afforded for graduation; one on the first Tuesday in April, and one on the last Tuesday in October.

The examination of Candidates for the Spring graduation commences on the first of March, and for the Fall graduation on the 2d Tuesday in September.

College Building.—During the last year, the new and extensive College edifice in Crosby Street has been completed. In its construction, no effort has been spared to provide within its walls every accommodation that may be necessary for carrying on the business of instruction in the various departments of Medical Science, and it is believed that in no one respect will it be found wanting in the great objects for which it was designed. To the planning of the Anatomical part of the building, especial attention has been paid, with the view of furnishing every convenience and accommodation that may be required for teaching Anatomy, as well as for private dissection. In addition to the public dissecting room, a number of smaller rooms have been fitted up, where Anatomical investigations may be pursued in a more retired and private manner.

New York Hospital.—This Institution accommodates about two hundred and fifty patients, and presents every variety of disease and accident to which the human frame is liable. Situated in the very heart of the city, and within a few minutes walk of the College, it possesses the great advantage of being easy of access, without any loss of time, and the students have daily opportunities of witnessing the practice of the house.

New York Ear and Eye Infirmary.—The average number of patients who resort annually to this Institution, for professional advice, amounts to upwards of one thousand. It thus furnishes the amplest field for observation and instruction in the various diseases of the Eye and Ear. It is opened gratuitously to the students of the College.

J. AUGUSTINE SMITH, M.D., President.

N. H. DERING, M.D., Registrar.

New York, June 25, 1838.

Aug 29-1N1